

Summons

Internal Revenue Service		Examination								—
Industry/Area (name or	•		a 6, Group 154	14						
Periods: January 1, 2008 to	hrough Dece	mber 31, 20	12							
		The Co	mmissioner	of Internal R	evenue					
To: DIANE ANDERSON										
At:										
			Tring Dain Vi	delie Internel D	A	Dada	#10001	41200		
You are hereby summoned and an officer of the Internal Revenue and other data relating to the administration or enforcement of the second seco	ue Service, to c tax liability or	give testimony the collection	and to bring with	lity or for the purp	ce for examinat	tion the g into a	following b	ooks, record		
You are requested to appea including but not limited to	r to provide of financial inf	oral testimor formation for	ny relating to yor accounts and	our tax return(s) / or assets held i	for 2008, 200 in your name	09, 201 or for y	0, 20111 our bene	and 2012, efit.		
You will also be required to	provide all	of the docum	nents listed on	the attached For	rm 4564					
	*									
		Do	not write i	n this space						
				•						
Business address and	telephone i	number of	IRS officer b	efore whom y	ou are to a	ppear	:			
Trina Rein Vidolin, Interna	l Revenue Se	ervice, 173 E	E 100 N, M/A 4	1544 TR, Provo,	UT 84606 80	01-370	3411			
Place and time for appe	earance at	50 S 200 E,	Salt Lake City	, UT 84111						
TOC	on the	21st	day of	March	2014	at	9:00	o'clock	a	m.
VIVII K		authority of		enue Code this_	7th day of	 f	March		2014	4
		din	11110					, _	(year)	
Department of the Treasury nternal Revenue Service		/ II	π I I I I A		Peve	nue Ag	rent			
		////		Sandd I McGreen		nue Aş		1-		—
www.irs.gov	Ronald	Signat J. Mc G	ure of issuing of UITE outlines Revenu	poold A. Mc Guire Section from Courage aroment of the Trease te Service, our-People, senathumber=359 tre	Py. 500.		Tit			
www.irs.gov Form 2039 (Rev. 12-2001)		J. IVIC G	ure of issuing in ure of issuing in ure of issuinternal Revenu confidend J. Mc Go Date: 2014 08:01 14	e Service, ou=People, serialNumber×359 re 19:35-07:00'	Py. 500.			er		



Service of Summons, Notice and Recordkeeper Certificates

(Pursuant to section 7603, Internal Revenue Code)

I certify that I served the summons shown on the front of this form on:

Date 7 M	arch 2014	Time 10:00 AM MST
How Summons	§ 7603, to the person to whom it w 2. 🗷 I certify that I left a copy of the sun	mmons, which contained the attestation required by e of abode of the person to whom it was directed. I left
Was Served	3. I certify that I sent a copy of the su § 7603, by certified or registered r	ummons, which contained the attestation required by mail to the last known address of the person to whom it third-party recordkeeper within the meaning of § 7603(b).
Signature -	Muum	Title Revenue Agent
Section 7609. T served on any d liability the sum collection, to do numbered acco	ate is made to show compliance with IRC his certificate does not apply to summonses officer or employee of the person to whose mons relates nor to summonses in aid of etermine the identity of a person having a unt or similar arrangement, or to determine	whether or not records of the business transactions or affairs of an identified person have been made or kept. I certify that, within 3 days of serving the summons, I gave notice (Part D of Form 2039) to the person named below on the date and in the manner indicated. Time:
Name of Notic	ee:	
Address of No	ticee (if mailed):	
Notice	I gave notice by certified or registered mail to the last known address of the noticee. I left the notice at the last and usual place of abode of the noticee. I left the copy with the following person (if any).	 ☐ I gave notice by handing it to the noticee. ☐ In the absence of a last known address of the noticee, I left the notice with the person summoned. ☑ No notice is required.
Signature		Title Revenue Agent
•	e period prescribed for beginning a proceeding was instituted or that the noticee consent	ing to quash this summons has expired and that no
Signature	Muun	Title Revenue Agent
	, ,	

Form 4564 (Rev. September 2006)	Department of the Treasury - Internal Revenue Service Information Document Request			Request Number 1-0001
To: (Name of Taxpayer and DIANE A ANDERSON	ayer and Company Division or Branch) RSON Subject Initial Request for Docu		umentation	
		SAIN number		nitted to: NE A ANDERSON
Please return Part 2 with listed documents to requester identified below		Dates of Previo	Dates of Previous Requests (mmddyyyy)	

Description of documents requested

Tax Period(s): 200812; 200912; 201012; 201112; 201212

The following items will be needed for the initial appointment. To facilitate the examination process, please have the requested information and documentation organized before the appointment. Unorganized, incomplete or missing records will prolong the audit and could result in a tax deficiency. As the examination progresses, additional records may be requested. Prior and subsequent year returns may also be subject to examination.

1. All Income and Expense Information related to your tax preparation activity:

- Detailed general ledger showing all income and expenses associated with the business between 2008 and 2012
- Copies of any payroll tax returns, information documents such as Forms 1099, and W-2's filed for the tax year
- Specific items will be sampled from the general ledger
- Copies of bank statements for any accounts that you used between 2008 and 2012 (excluding Transwest Credit Union and Mountain America Credit Union)

2. Any items you would like to have included with itemized deductions

Contributions

- Written statement from the charitable organization or church of the amount of contribution and distinguish between goods and services if the amount exceeds \$75
- For cash contributions of \$250 or more, provide a cancelled check, credit card statement or payroll check stub and a separate acknowledgement of the contribution from each organization
- For cash contributions less then \$250, provide a cancelled check, credit card statement or payroll check stub

Information	n due b	y _02/26/2014	At next appointment X Mail in]
	$\overline{}$	Name and Title of Requester	Employee ID number	Date (mmddyyyy)
From:	$ \ $	Trina Rein Vidolin, Revenue Agent	t 141300	02/10/2014
	/	Office Location: 173 E 100 N		Phone: 801-370-3411
		Provo, UT 8460	6	Fax: 888-429-9324
	<u>/</u>			4504 (5

Catalog Number 23145K

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Part 1 - Taxpayer's File Copy

Form 4564
(Rev. September 2006)

To: (Name of Taxpayer and Company Division or Branch)
DIANE A ANDERSON

Department of the Treasury – Internal Revenue Service
Information Document Request
1-0001

Subject
Initial Request for Documentation

SAIN number
Submitted to:
DIANE A ANDERSON

Please return Part 2 with listed documents to requester identified below

Dates of Previous Requests (mmddyyyy)

Description of documents requested

Tax Period(s): 200812; 200912; 201012; 201112; 201212

- Include copy of Form 8283, Non-cash Charitable Contributions, if not attached to the return for all non-cash contributions over \$250
- o Appraisal for item or group of similar items that exceed \$5,000 in fair market value

Medical and Dental Expenses

- Cancelled checks, receipts or statements for all medical and dental expenses, including medical insurance, showing the person for whom each expense was incurred
- o Statement from insurance company showing any expense reimbursed or paid directly by it
- Insurance policies on which you deducted the cost of premiums paid. Proof of medical insurance premium payment (e.g. copy of cancelled checks, check stubs, etc.)
- For prescription drug expenses, a statement or receipt showing the prescription number, name of drug, cost and date purchased. Cancelled checks alone are not acceptable.
- For other expenses, including transportation, lodging, or special equipment, proof of payment and statements to show cost and medical requirement. (e.g. gas receipts, ambulance bill, taxi cabs receipts, parking fees, tolls, etc.)
- o If claim is made for dependent, then provide proof of dependency qualification for deduction (e.g. birth certificate, guardianship papers, etc.)

> Interest Expense for Schedule A

- o Verification of the debt (e.g. loan papers, promissory notes, etc)
- Proof interest expenses were incurred in the taxable year. Payment books for installment purchases or purchase contract and cancelled checks, receipts, or other evidence of payments made

Information	n due l	py _02/26/2014	At next appointment	X	Mail in]
		Name and Title of Requester Trina Rein Vidolin, Revenue Age		Employee 141300	ID number	Date (mmddyyyy) 02/10/2014
From:		Office Location: 173 E 100 N Provo, UT 8460	06			Phone: 801-370-3411 Fax: 888-429-9324

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Description of documents requested

Tax Period(s): 200812; 200912; 201012; 201112; 201212

- o Proof that loan was from a debtor/creditor relationship and not from a gift. A written legal and binding agreement between two parties (e.g. land contract, notarized papers, etc.)
- Provide the debt instrument that shows the receipts or statements from creditors amount of interest paid and names of payees (e.g. mortgage statement, Form 1098, including land contracts, written proof of interest paid by taxpayer on the loan, etc.)
- Statement from broker to show investment interest
- o If home mortgage, then provide statement that indicated who the payment was made to, if other then a financial institution (i.e., amortization statement)

Real Estate Taxes

- Copies of cancelled checks showing payment of real estate taxes
- Copy of mortgage statement showing escrow payments made for real estate taxes if not paid directly to the county

3. Other Information:

- Information regarding your filing status including, but not limited to:
 - Copy of divorce decree or separation agreement, if you were divorced or legally separated, and any subsequent amendments to the decree
 - Cancelled checks and receipts for the qualifying relative's expenses such as taxes, interest, rent, utilities, repairs, insurance, food, clothing and other personal expenses
 - Records to show who paid or contributed toward the payment of the expenses and the amount contributed by each person involved
 - Amounts received from government agencies; (for example, food stamps or rent subsidies)

Information due by 02/26/2014 At next appointment X Mail in						
		Name and Title of Requester	Employee ID number	Date (mmddyyyy)		
From:		Trina Rein Vidolin, Revenue Age	nt 141300	02/10/2014		
		Office Location: 173 E 100 N		Phone: 801-370-3411		
		Provo, UT 8460	06	Fax: 888-429-9324		
	/					

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Part 1 - Taxpayer's File Copy

Form 4564 (Rev. September 2006)	Department of the Treasury – Internal I	Request Number 1-0001	
To: (Name of Taxpayer and Co	(Name of Taxpayer and Company Division or Branch) ANE A ANDERSON Subject Initial Request for D		for Documentation
		SAIN number	Submitted to: DIANE A ANDERSON
Please return Part 2 with listed	documents to requester identified below	Dates of Previo	ous Requests (mmddyyyy)
Description of documents requ	ested	1	
Tax Period(s): 200812; 200	0912; 201012; 201112; 201212		

- School records, driver's license, statement from qualifying relative, etc. to verify his or her place of residence
- > Income information including, but not limited to:
 - o Copies of W2's
 - o Copies of 1098's, 1099's, 5498's, ect
 - Pension or annuities
 - o Royalties
 - Estate or trust income
 - o Non-employee compensation
 - Alimony Received a copy of divorce decree or separation agreement showing the amount designated as alimony.
 - o Bond interest
 - o Interest income
 - Dividend income
 - Commissions, tips, gambling winnings, prizes, awards
 - o Schedule K-1 income
 - Scholarships, grants
 - Disability income

Information due by 02/26/2014 At next appointment X Mail in						
		Name and Title of Requester	Employee ID number	Date (mmddyyyy)		
From:		Trina Rein Vidolin, Revenue Agen	it 141300	02/10/2014		
		Office Location: 173 E 100 N		Phone: 801-370-3411		
		Provo, UT 8460	6	Fax: 888-429-9324		

Form 4564
(Rev. September 2006)

To: (Name of Taxpayer and Company Division or Branch)
DIANE A ANDERSON

Department of the Treasury – Internal Revenue Service
Information Document Request
1-0001

Subject
Initial Request for Documentation

SAIN number
Submitted to:
DIANE A ANDERSON

Please return Part 2 with listed documents to requester identified below

Dates of Previous Requests (mmddyyyy)

Description of documents requested

Tax Period(s): 200812; 200912; 201012; 201112; 201212

- o Bartering proceeds, property or goods received for services
- o State refunds, credit, or offsets
- o IRA distributions
- Social Security Benefits
- Unemployment compensation

Information	n due by <u>02/26/2014</u>	At next appointment X Mail in]
	Name and Title of Requester Trina Rein Vidolin, Revenue Ager	Employee ID number 141300	Date (mmddyyyy) 02/10/2014
From:	Office Location: 173 E 100 N Provo, UT 8460	06	Phone: 801-370-3411 Fax: 888-429-9324

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